

DEBTOR(S): Powell Valley Health Care, Inc.

MONTHLY OPERATING REPORT
CHAPTER 11

CASE NUMBER: 16-20326

Form 2-A
COVER SHEET

For Period End Date: 5/31/2017

Accounting Method: ☒ Accrual Basis ☐ Cash Basis

THIS REPORT IS DUE 21 DAYS AFTER THE END OF THE MONTH

Mark One Box for Each
Required Document:

Debtor must attach each of the following documents unless the U. S. Trustee
has waived the requirement in writing. File the original with the Clerk of Court.
Submit a duplicate, with original signature, to the U. S. Trustee.

Report/Document Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Cash Receipts and Disbursements Statement (Form 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Balance Sheet (Form 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Profit and Loss Statement (Form 2-D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Supporting Schedules (Form 2-E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Quarterly Fee Summary (Form 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Narrative (Form 2-G)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Bank Statements for All Bank Accounts (Redact all but last 4 digits of account number and remove check images)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Bank Statement Reconciliations for all Bank Accounts
<input type="checkbox"/>	<input type="checkbox"/>	9. Evidence of insurance for all policies renewed or replaced during month

I declare under penalty of perjury that the following Monthly Operating Report, and any attachments thereto are true, accurate and correct to the best of my knowledge and belief.

Executed on: 6/13/17

Print Name: Michael Long

Signature: 

Title: Chief Financial Officer

DEBTOR(S) Powell Valley Health Care, Inc. **CASE NO:** 16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 05/01/2017 to 05/31/2017

CASH FLOW SUMMARY

	<u>Current Month</u>	<u>Accumulated</u>
1. Beginning Cash Balance	\$ <u>4,274,895</u> (1)	\$ <u>3,499,673</u> (1)
2. Cash Receipts		
Operations	4,381,392	49,621,147
Sale of Assets	0	0
Loans/advances	0	0
Other	0	2,170
Total Cash Receipts	\$ <u>4,381,392</u>	\$ <u>49,623,317</u>
3. Cash Disbursements		
Operations	3,981,145	48,101,273
Debt Service/Secured loan payment	0	0
Professional fees/U.S. Trustee fees	0	0
Professional fees paid from retainer (e.g. COLTAF accts)	0	0
Other	0	346,575
Total Cash Disbursements	\$ <u>3,981,145</u>	\$ <u>48,447,848</u>
4. Net Cash Flow (Total Cash Receipts less Total Cash Disbursements)	<u>400,247</u>	<u>1,175,469</u>
5 Ending Cash Balance (to Form 2-C)	\$ <u>4,675,142</u> (2)	\$ <u>4,675,142</u> (2)

CASH BALANCE SUMMARY

	<u>Financial Institution</u>	<u>Book Balance</u>
Petty Cash	<u>Powell Valley Healthcare</u>	\$ 2,170
DIP Operating Account	<u>1st Bank Wyo 8425</u>	47,253
DIP State Tax Account	<u></u>	0
DIP Payroll Account	<u>1st Bank Wyo 4501</u>	11,784
Other Operating Account	<u>1st Bank Wyo See form 2G</u>	4,613,935
Retainers held by professionals (i.e. COLTAF)	<u></u>	0
TOTAL (must agree with Ending Cash Balance above)		\$ <u>4,675,142</u> (2)

(1) Accumulated beginning cash balance is the cash available at the commencement of the case and retainers.
Current month beginning cash balance should equal the previous month's ending balance.

(2) All cash balances should be the same.

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO:

16-20326

Form 2-B

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 05/01/2017 to 05/31/2017

CASH RECEIPTS DETAIL

Account No:

7301

(attach additional sheets as necessary)

Date	Payer	Description	Amount
05/01/2017	Medicare EFT	Patient/Resident account	40,116.32
05/01/2017	CIGNA	Patient/Resident account	1,688.00
05/01/2017	Other commercial	Patient/Resident account	38,474.22
05/01/2017	Other	Cash payments	27,426.19
05/01/2017	Other EFTs	Patient/Resident account	124,987.59
05/02/2017	Medicare EFT	Patient/Resident account	64,402.69
05/02/2017	Aetna/BCBS	Patient/Resident account	2,549.54
05/02/2017	CIGNA	Patient/Resident account	3,135.95
05/02/2017	Other commercial	Patient/Resident account	47,724.94
05/02/2017	Other	Cash payments	79,839.94
05/02/2017	Other EFTs	Patient/Resident account	97,716.99
05/03/2017	Medicare EFT	Patient/Resident account	30,116.16
05/03/2017	Other commercial	Patient/Resident account	7,553.80
05/03/2017	Other	Cash payments	33,122.81
05/03/2017	Other EFTs	Patient/Resident account	66,733.52
05/04/2017	Medicare EFT	Patient/Resident account	40,549.00
05/04/2017	Other commercial	Patient/Resident account	1,278.16
05/04/2017	Other	Cash payments	30,561.71
05/04/2017	Other EFTs	Patient/Resident account	209,869.51
05/05/2017	Medicare EFT	Patient/Resident account	36,823.48
05/05/2017	Aetna/BCBS	Patient/Resident account	1,367.06
05/05/2017	CIGNA	Patient/Resident account	2,876.31
05/05/2017	Other commercial	Patient/Resident account	3,343.04
05/05/2017	Other	Cash payments	47,044.53
05/05/2017	Other EFTs	Patient/Resident account	24,836.84
05/08/2017	Medicare EFT	Patient/Resident account	21,582.85
05/08/2017	Aetna/BCBS	Patient/Resident account	356.81
05/08/2017	CIGNA	Patient/Resident account	3,005.51
05/08/2017	Other commercial	Patient/Resident account	11,780.42
05/08/2017	Other	Cash payments	3,803.31
05/08/2017	Other EFTs	Patient/Resident account	126,448.93
05/09/2017	Medicare EFT	Patient/Resident account	93,736.80
05/09/2017	Aetna/BCBS	Patient/Resident account	2,351.08
05/09/2017	CIGNA	Patient/Resident account	3,248.67
05/09/2017	Other commercial	Patient/Resident account	39,560.33
05/09/2017	Other	Cash payments	29,070.29
05/09/2017	Other EFTs	Patient/Resident account	29,794.50
05/10/2017	Medicare EFT	Patient/Resident account	36,140.80
05/10/2017	Other commercial	Patient/Resident account	1,133.61
05/10/2017	Other	Cash payments	1,859.75
05/10/2017	Other EFTs	Patient/Resident account	137,926.55
05/11/2017	Medicare EFT	Patient/Resident account	15,838.56
05/11/2017	Other	Cash payments	16,947.55
05/11/2017	Other EFTs	Patient/Resident account	183,187.59
05/12/2017	Medicare EFT	Patient/Resident account	35,948.05
05/12/2017	Other commercial	Patient/Resident account	47,401.95
05/12/2017	Other	Cash payments	17,911.07
05/12/2017	Other EFTs	Patient/Resident account	18,392.21
05/15/2017	Medicare EFT	Patient/Resident account	50,869.01
05/15/2017	Other commercial	Patient/Resident account	6,544.61
05/15/2017	Other	Cash payments	64,747.82
05/15/2017	Other EFTs	Patient/Resident account	247,597.43
05/16/2017	Medicare EFT	Patient/Resident account	36,152.81
05/16/2017	Aetna/BCBS	Patient/Resident account	7,992.42
05/16/2017	CIGNA	Patient/Resident account	20,626.34

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO:

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Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 05/01/2017 to 05/31/2017**CASH RECEIPTS DETAIL****Account No:****7301***(attach additional sheets as necessary)*

Date	Payer	Description	Amount
05/16/2017	Other commercial	Patient/Resident account	23,112.45
05/16/2017	Other	Cash payments	50,936.05
05/16/2017	Other EFTs	Patient/Resident account	28,224.43
05/17/2017	Medicare EFT	Patient/Resident account	16,439.72
05/17/2017	CIGNA	Patient/Resident account	115.90
05/17/2017	Other commercial	Patient/Resident account	24,076.06
05/17/2017	Other	Cash payments	12,558.86
05/17/2017	Other EFTs	Patient/Resident account	79,076.31
05/18/2017	Medicare EFT	Patient/Resident account	47,919.11
05/18/2017	Other commercial	Patient/Resident account	160.97
05/18/2017	Other	Cash payments	12,454.76
05/18/2017	Other EFTs	Patient/Resident account	157,218.16
05/19/2017	Medicare EFT	Patient/Resident account	24,837.81
05/19/2017	Aetna/BCBS	Patient/Resident account	2,412.53
05/19/2017	Other commercial	Patient/Resident account	2,003.19
05/19/2017	Other	Cash payments	4,800.38
05/19/2017	Other EFTs	Patient/Resident account	60,111.80
05/22/2017	Medicare EFT	Patient/Resident account	30,145.87
05/22/2017	Aetna/BCBS	Patient/Resident account	92.04
05/22/2017	CIGNA	Patient/Resident account	115.90
05/22/2017	Other commercial	Patient/Resident account	33,221.14
05/22/2017	Other	Cash payments	35,002.35
05/22/2017	Other EFTs	Patient/Resident account	92,544.46
05/23/2017	Medicare EFT	Patient/Resident account	38,807.77
05/23/2017	Other commercial	Patient/Resident account	30,845.54
05/23/2017	Other	Cash payments	48,823.54
05/23/2017	Other EFTs	Patient/Resident account	31,303.62
05/24/2017	Medicare EFT	Patient/Resident account	17,258.70
05/24/2017	CIGNA	Patient/Resident account	261.44
05/24/2017	Other commercial	Patient/Resident account	152.77
05/24/2017	Other	Cash payments	152,486.19
05/24/2017	Other EFTs	Patient/Resident account	82,310.19
05/25/2017	Medicare EFT	Patient/Resident account	20,987.62
05/25/2017	Other commercial	Patient/Resident account	23,782.00
05/25/2017	Other	Cash payments	104,060.20
05/25/2017	Other EFTs	Patient/Resident account	212,062.05
05/26/2017	Medicare EFT	Patient/Resident account	34,400.12
05/26/2017	Other commercial	Patient/Resident account	3,695.44
05/26/2017	Other	Cash payments	14,339.14
05/26/2017	Other EFTs	Patient/Resident account	31,061.65
05/30/2017	Medicare EFT	Patient/Resident account	26,845.03
05/30/2017	Other commercial	Patient/Resident account	8,075.21
05/30/2017	Other	Cash payments	26,387.16
05/30/2017	Other EFTs	Patient/Resident account	81,168.56
05/31/2017	Medicare EFT	Patient/Resident account	34,737.75
05/31/2017	Other commercial	Patient/Resident account	121,402.09
05/31/2017	Other	Cash payments	90,738.65
05/31/2017	Other EFTs	Patient/Resident account	31,723.06
Total Cash Receipts			\$ 4,381,391.67 (1)

(1) Total for all accounts should agree with total cash receipts listed on Form 2-B, page 1

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DEBTOR(S): Powell Valley Health Care, Inc.

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Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT
 For Period: 05/01/2017 to 05/31/2017

CASH DISBURSEMENTS DETAIL
(attach additional sheets as necessary)

Account No:

8425

Date	Check No.	Payee	Description (Purpose)	Amount
05/01/17	EFT	Electronic Funds Transfer	FICA payroll taxes	129,134.39
05/01/17	EFT	Electronic Funds Transfer	Federal withholding payroll taxes	238,764.90
05/03/17	EFT	Electronic Funds Transfer	Montana state tax	944.00
05/03/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	3,374.36
05/03/17	EFT	Electronic Funds Transfer	Trst to flex - HRA	2,750.00
05/03/17	EFT	Electronic Funds Transfer	Trsf to EBMS act 6301	56,933.56
05/09/17	EFT	Electronic Funds Transfer	Trsf to EBMS act 6301	52,413.17
05/11/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- auto deposit	567,786.00
05/11/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	11,838.24
05/15/17	EFT	Electronic Funds Transfer	FICA payroll taxes	112,709.18
05/15/17	EFT	Electronic Funds Transfer	Federal withholding payroll taxes	105,252.54
05/15/17	EFT	Electronic Funds Transfer	Trsf to pension act 7901	60,042.34
05/16/17	EFT	Electronic Funds Transfer	Trsf to EBMS act 6301	56,289.13
05/17/17	EFT	Electronic Funds Transfer	Montana state tax	957.00
05/22/17	EFT	Electronic Funds Transfer	Trsf to EBMS act 6301	84,530.03
05/25/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- auto deposit	641,529.86
05/25/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	13,832.12
05/26/17	EFT	Electronic Funds Transfer	Trsf to pension act 7901	66,615.77
05/30/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	1,436.97
05/30/17	EFT	Electronic Funds Transfer	FICA payroll taxes	117,303.13
05/30/17	EFT	Electronic Funds Transfer	Federal withholding payroll taxes	155,522.09
05/31/17	EFT	Electronic Funds Transfer	Trsf to EBMS act 6301	233,258.81

6085-6466	Accounts Payable checks	See attached check register	1,273,790.55
5824	Accounts Pay Void/Reissue	See attached check register	-5,862.67

Total Cash Disbursements \$ 3,981,145.47 (1)

(1) Total for all accounts should agree with total cash disbursements listed on Form 2-B, page 1

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COMPARATIVE BALANCE SHEET

For Period Ended: 05/31/2017

	Current Month	Petition Date (1)
ASSETS		
Current Assets:		
Cash (from Form 2-B, line 5)	\$ 4,675,142	\$ 4,255,881
Accounts Receivable (from Form 2-E)	7,615,627	8,383,526
Receivable from Officers, Employees, Affiliates	0	0
Inventory	771,512	757,444
Other Current Assets : (List) <u>Pre-paid Expense</u>	1,052,385	865,872
<u>Receivable from legal settlements</u>	11,450,000	11,450,000
Total Current Assets	\$ 25,564,666	\$ 25,712,723
Fixed Assets:		
Land	\$ 0	\$ 0
Building	694,434	694,434
Equipment, Furniture and Fixtures	10,056,575	9,997,873
Total Fixed Assets	10,751,009	10,692,307
Less: Accumulated Depreciation	(8,984,063)	(8,254,973)
Net Fixed Assets	\$ 1,766,946	\$ 2,437,334
Other Assets (List): _____	0	0
_____	0	0
TOTAL ASSETS	\$ 27,331,612	\$ 28,150,057
LIABILITIES		
Post-petition Accounts Payable (from Form 2-E)	\$ 1,463,042	\$ 1,167,152
Post-petition Accrued Professional Fees (from Form 2-E)	222,640	250,000
Post-petition Taxes Payable (from Form 2-E)	105,030	172,650
Post-petition Notes Payable	135,028	128,056
Other Post-petition Payable(List): <u>see schedul 2G liab</u>	2,605,172	3,405,269
<u>Legal claim reserve</u>	11,750,000	11,750,000
Total Post Petition Liabilities	\$ 16,280,912	\$ 16,873,127
Pre Petition Liabilities:		
Secured Debt	1,014,160	1,153,923
Priority Debt	0	0
Unsecured Debt	911,465	1,415,297
Total Pre Petition Liabilities	\$ 1,925,625	\$ 2,569,220
TOTAL LIABILITIES	\$ 18,206,537	\$ 19,442,348
OWNERS' EQUITY		
Owner's/Stockholder's Equity	\$ 0	\$ 0
Retained Earnings - Prepetition	8,691,606	8,691,606
Retained Earnings - Post-petition	433,469	16,103
TOTAL OWNERS' EQUITY	\$ 9,125,075	\$ 8,707,709
TOTAL LIABILITIES AND OWNERS' EQUITY	\$ 27,331,612	\$ 28,150,057

(1) Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.

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DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-D
PROFIT AND LOSS STATEMENT
For Period 05/01/2017 **to** 05/31/2017

	Current Month	Accumulated Total (1)
Gross Operating Revenue	\$ 6,473,246	\$ 77,938,539
Less: Discounts, Returns and Allowances	(2,682,737)	(30,825,205)
Net Operating Revenue	\$ 3,790,509	\$ 47,113,334
Cost of Goods Sold	3,149,960	40,725,424
Gross Profit	\$ 640,549	\$ 6,387,910
Operating Expenses		
Officer Compensation	\$ 1,700	\$ 177,492
Selling, General and Administrative	0	0
Rents and Leases	87,953	1,062,198
Depreciation, Depletion and Amortization	61,363	766,061
Other (list):		
Repairs	56,149	707,814
Insurance	59,105	723,991
Total Operating Expenses	\$ 266,270	\$ 3,437,556
Operating Income (Loss)	\$ 374,279	\$ 2,950,354
Non-Operating Income and Expenses		
Other Non-Operating Expenses	\$ 0	\$ 0
Gains (Losses) on Sale of Assets	0	0
Interest Income	0	0
Interest Expense	-5,590	-54,797
Other Non-Operating Income	0	0
Net Non-Operating Income or (Expenses)	\$ -5,590	\$ -54,797
Reorganization Expenses		
Legal and Professional Fees	\$ 385,931	\$ 2,462,088
Other Reorganization Expense	0	0
Total Reorganization Expenses	\$ 385,931	\$ 2,462,088
Net Income (Loss) Before Income Taxes	\$ -17,242	\$ 433,469
Federal and State Income Tax Expense (Benefit)	0	0
NET INCOME (LOSS)	\$ -17,242	\$ 433,469

(1) Accumulated Totals include all revenue and expenses since the petition date.

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DEBTOR(S):

Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-E (Page 1 of 2)
SUPPORTING SCHEDULES

For Period: 05/01/2017 to 05/31/2017

Summary of Post-Petition Taxes				
Type of tax	1 Unpaid post-petition taxes from prior reporting month(1)	2 Post-petition taxes accrued this month (new obligations)	3 Post-petition tax payments made this reporting month	4 Unpaid post-petition taxes at end of reporting month (columns 1+2-3)
Federal				
Employee income tax withheld	235,764	260,776	496,540	0
Employee FICA taxes withheld	63,275	116,299	179,573	0
Employer FICA taxes	63,275	116,299	179,573	0
Unemployment taxes				
Other:				
State				
Sales, use & excise taxes	225	78		303
Unemployment taxes				
Other: Worker Compensation	36,782	67,944		104,726
Local				
Personal property taxes				
Real property taxes				
Other:				
Total unpaid post-petition taxes				105,030

(1) For first report, the beginning balance in column 1 will be \$0; thereafter, beginning balance will be ending balance from prior report.

Insurance Coverage Summary				
Type of insurance	Insurance carrier	Coverage amount	Policy expiration date	Premium paid through date
Workers' compensation	State of Wyoming	Not Applicable	Not Applicable	Not Applicable
General liability	National Fire & Risk/AB Risk, USI Insurance Service	\$1M/\$5M \$5M Umbrella	08/01/2017	07/31/2017
Property (fire, theft, etc.)	Affiliated FM Insurance Company, USI Insurance Service	Bldg \$100m Flood \$75m	08/01/2017	07/31/2017
Vehicle	National Indemnity Company/RPS, Ohio Security Insurance, USI Insurance Service	\$1M auto & \$1m Ambular	08/01/2017	07/31/2017
Other (list): Director & Officer Liability	Darwin National Assurance Co., USI Insurance Service	\$2m	09/07/2017	09/07/2017
Other (list): Internet/Cyber Liability	NAS/Lloyd's of London, USI Insurance Service	\$1m/claim \$1m/agg	09/01/2017	09/01/2017
Other (list): Crime	Travelers Casualty and Surety, USI Insurance Service	\$500,000	08/01/2017	07/31/2017
If any policies were renewed or replaced during reporting period, attach new certificate of insurance.				

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-E (Page 2 of 2)
SUPPORTING SCHEDULES

For Period: 05/01/2017 00:00 to 05/31/2017 00:00

Accounts Receivable Aging Summary (attach detailed aging report)					
	30 days or less	31 to 60 days	61 to 90 days	Over 90 days	Total at month end
Pre-petition receivables				124,514	124,514
Post-petition receivables	3,508,121	1,539,295	870,392	1,573,305	7,491,114
Total	3,508,121	1,539,295	870,392	1,697,818	7,615,627

Post-Petition Accounts Payable Aging Summary (attach detailed aging report)					
	30 days or less	31 to 60 days	61 to 90 days	Over 90 days	Total at month end
Trade Payables	536,010	56,941	84,933	712,254	1,390,137
Other Payables	36,877	3,300	3,300	29,428	72,905
Total	572,887	60,241	88,233	741,682	1,463,042

SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS					
	Month-end Retainer Balance	Current Month's Accrual	Paid in Current Month	Court Approval Date	Month-end Balance Due *
Debtor's Counsel	\$168,795	38,858	59,416	05/02	\$148,237
Counsel for Unsecured Creditors' Committee	56,749	38,000	20,345	05/02	\$74,404
Trustee's Counsel					
Accountant					
Other: CKKK		1,262	1,262	05/03	
Total	225,544	78,120	81,024		222,640

*Balance due to include fees and expenses incurred but not yet paid.

SCHEDULE OF PAYMENTS AND TRANSFERS TO PRINCIPALS/EXECUTIVES**			
Payee Name	Position	Nature of Payment	Amount
Michael Long	Chief Financial Officer	Salary/Wages	1,700

**List payments and transfers of any kind and in any form made to or for the benefit of any proprietor, owner, partner, shareholder, officer, or director.

Form 2-F
QUARTERLY FEE SUMMARY *
For the Month Ended: 05/31/2017

<u>Month</u>	<u>Year</u>	<u>Cash Disbursements **</u>	<u>Quarterly Fee Due</u>	<u>Check No.</u>	<u>Date Paid</u>
January	20 17	\$ 3,828,457			
February	20 17	3,489,036			
March	20 17	4,204,015			
TOTAL 1st Quarter	\$	11,521,508	13000	5,902	04/12/17
April	20 17	\$ 3,722,454			
May	20 17	3,981,145			
June	20 17	0			
TOTAL 2nd Quarter	\$	7,703,600			
July	20 16	\$ 4,385,351			
August	20 16	4,176,264			
September	20 16	3,938,695			
TOTAL 3rd Quarter	\$	12,500,310	13,000	3,605	10/18/16
October	20 16	\$ 4,223,353			
November	20 16	3,742,311			
December	20 16	4,046,540			
TOTAL 4th Quarter	\$	12,012,204	13,000	4,766	01/18/17

FEE SCHEDULE (as of JANUARY 1, 2008)

Subject to changes that may occur to 28 U.S.C. §1930(a)(6)

<u>Quarterly Disbursements</u>	<u>Fee</u>	<u>Quarterly Disbursements</u>	<u>Fee</u>
\$0 to \$14,999.....	\$325	\$1,000,000 to \$1,999,999.....	\$6,500
\$15,000 to \$74,999.....	\$650	\$2,000,000 to \$2,999,999.....	\$9,750
\$75,000 to \$149,999.....	\$975	\$3,000,000 to \$4,999,999.....	\$10,400
\$150,000 to \$224,999.....	\$1,625	\$5,000,000 to \$14,999,999.....	\$13,000
\$225,000 to \$299,999.....	\$1,950	\$15,000,000 to \$29,999,999....	\$20,000
\$300,000 to \$999,999.....	\$4,875	\$30,000,000 or more	\$30,000

* This summary is to reflect the current calendar year's information cumulative to the end of the reporting period

** Should agree with line 3, Form 2-B. Disbursements are net of transfers to other debtor in possession bank accounts

Failure to pay the quarterly fee is cause for conversion or dismissal of the chapter 11 case. [11 U.S.C. Sec. 1112(b)(10)]

In addition, unpaid fees are considered a debt owed to the United States and will be assessed interest under 31 U.S.C. §3717

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DEBTOR(S) Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-G
NARRATIVE

For Period Ending: 05/31/2017

Please provide a brief description of any significant business and legal actions taken by the debtor, its creditors, or the court during the reporting period, any unusual or non-recurring accounting transactions that are reported in the financial statements, and any significant changes in the financial condition of the debtor which have occurred subsequent to the report date.

FORM 2B-1 Line 50, Cash Accounts are made up of General Checking #7301, EBMS Checking #6301, Flex Spending #3101, Care Center Resident Trust #2088, Employee Benefit #5601, and Pension #7901. Form 2B-3 Cash Disbursements other is for vendor deposits made during the period. **Form 2C-Liabilities**, line 38 Other Payables, this line is made up of accrued Provider Incentives \$239,412 Accrued Payroll \$866,295, 3rd Party Receivable/Payable (Medicare Cost Report Settlement) \$(266,117), Assisted Living Room Retainer \$36,000, NH Resident Trust \$7,209, and Accrued Benefits \$1,722,373 **Form 2D** Officer compensation equals the amount listed on Form 2E. Rent, Depreciation, Interest, Repairs, and Insurance come from facility income statement, all other expenses is combined into cost of goods sold. **Form 2-E pg 2** "Other" fees are for Copenhaver, Kath, Kitchen, & Kolpitcke for non-chapter 11 hospital legal counsel of \$ 1,262. Principals/Executives - M Long includes salary